

# WARRANTY DEED

THIS WARRANTY DEED made and entered into this day by and between JAMES M. RICE, a widower, who acquired title as a tenant by the entirety with full right of survivorship and not as tenants in common with Vicki L. Rice, who passed away on September 6, 1996, a copy of the death certificate is attached as Exhibit "A" to this deed, Grantor, and GEORGE F. CRAIN, JR., and wife, JOY CRAIN, Grantees,

## WITNESSETH:

THAT FOR AND IN CONSIDERATION of the sum of Ten and no/100 Dollars (\$10.00), cash in hand paid by the Grantee to the Grantors, and other good and valuable considerations, the receipt and sufficiency of all of which is hereby acknowledged, Grantors do hereby convey and warrant, except as hereinafter set forth, unto the Grantees, as tenants by the entirety with full rights of survivorship and not as tenants in common, the following described property, together with the improvements, hereditaments and appurtenances thereunto belonging, located in the County of DESOTO, State of MISSISSIPPI, and more particularly described as follows, to-wit:

Lot 1479, Revised Plan, Section D, Southaven West Subdivision, in Section 22, Township 1 South, Range 8 West, DeSoto County, Mississippi, as per plat thereof recorded in Plat Book 3, Pages 25-26, in the office of the Chancery Clerk of DeSoto County, Mississippi.

TO HAVE AND TO HOLD unto the Grantee, his/her heirs and assigns, in fee simple forever, and free from all liens and encumbrances except for the following exceptions:

- 1) Taxes and assessments for the current year and subsequent years, which are not yet due and payable.

PS STATE MS. - DESOTO CO.  
FILED

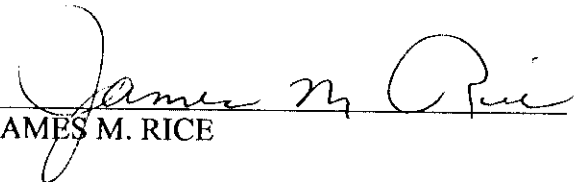
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BK 337 PG 164  
W.E. DAVIS CH. CLK.

- 2) Zoning and/or other land use regulations promulgated by federal, state or local governments affecting the use or occupancy of the subject property.
- 3) Any and all matters which would be disclosed by an accurate survey of current date and/or an actual inspection of said property.

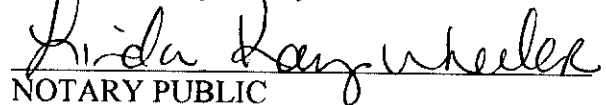
IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 22nd day of July, 1998.

  
JAMES M. RICE

STATE OF MISSISSIPPI  
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, JAMES M. RICE, who acknowledged that he signed, executed and delivered the above and foregoing Warranty Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 22nd day of July, 1998.

  
NOTARY PUBLIC

(SEAL)

My Commission Expires:

*August 9, 1999*

ADDRESS OF GRANTORS:

*6950... VAY PLACE  
MEMPHIS, TN. 38119  
Home: 758-0490  
Work: 346-9800*

ADDRESS OF GRANTEE:

8149 BOONEVILLE  
SOUTHAVEN, MISSISSIPPI 38671  
Home: *(601) 280-8718*  
Work: *603-7156*  
*(901)*

PREPARED BY AND RETURN TO:  
HOLCOMB DUNBAR, P.A.  
P. O. BOX 190  
SOUTHAVEN, MS 38671-0190  
(601) 349-0664

FILE# 998-355

**TENNESSEE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH**

**8K0337PG0166**

.../PRINT  
IN  
PERMANENT  
BLACK INK  
FOR  
INSTRUCTIONS  
SEE HANDBOOK

NAME OF DECEDENT:  
For use by physician or institution

**DECEDENT**

1. DECEDENT'S NAME (First, Middle, Last) <b>Vicki L. Rice</b>				2. SEX <b>Female</b>		3. DATE OF DEATH (Month, Day, Year) <b>September 6, 1995</b>	
4. SOCIAL SECURITY NUMBER (of Decedent) <b>415-82-6874</b>		5a. AGE - LAST BIRTHDAY (Years) <b>46</b>		5b. UNDER 1 YEAR MOS <input type="checkbox"/> DAYS <input type="checkbox"/>		5c. UNDER 1 DAY HOURS <input type="checkbox"/> MIN <input type="checkbox"/>	
6. DATE OF BIRTH (Month, Day, Year) <b>Aug. 14, 1949</b>		7. BIRTHPLACE (City and State or Foreign Country) <b>Batesville, MS</b>					
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: 1 <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> E/I/Outpatient 3 <input type="checkbox"/> DOA <input type="checkbox"/> OTHER: 4 <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)					
9b. FACILITY NAME (If not institution, give street and number) <b>Regional Medical Center</b>				9c. CITY, TOWN, OR LOCATION OF DEATH <b>Memphis, TN</b>		9d. COUNTY OF DEATH <b>Shelby</b>	
10. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>Married</b>		11. SURVIVING SPOUSE (If wife, give maiden name) <b>James Rice</b>		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired) <b>Police Officer</b>		12b. KIND OF BUSINESS/INDUSTRY <b>Southaven Police De</b>	
13a. RESIDENCE - STATE <b>MS</b>		13b. COUNTY <b>DeSoto</b>		13c. CITY, TOWN OR LOCATION <b>Southaven</b>		13d. STREET AND NUMBER OR RURAL LOCATION <b>8149 Booneville</b>	
13e. INSIDE CITY LIMITS? 1 <input checked="" type="checkbox"/> Yes 2 <input type="checkbox"/> No		13f. ZIP CODE <b>38671</b>		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No - If yes, specify Cuban, Mexican, Puerto Rican, etc.) <input type="checkbox"/> Yes 0 <input checked="" type="checkbox"/> No		15. RACE - American Indian, Black, White, etc. (Specify) <b>White</b>	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) <b>12</b>							

**PARENTS**

17. FATHER'S NAME (First, Middle, Last) <b>Elmer Creed Lantrip</b>		18. MOTHER'S NAME (First, Middle, Maiden Surname) <b>Lottie Elizabeth Stevens</b>	
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**INFORMANT**

19a. INFORMANT'S NAME (Type/Print) <b>James Rice</b>		19b. RELATIONSHIP TO DECEASED <b>Husband</b>		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) <b>8149 Booneville, Southaven, MS 38671</b>	
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**DISPOSITION**

20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) <b>Twin Oaks Memorial Gdns.</b>		20c. LOCATION - City or Town, State <b>Southaven, MS</b>	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Michael McQueen</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR <b>FD 4084</b>		21c. SIGNATURE OF EMBALMER <i>Shirley Wallace</i>	
21d. LICENSE NUMBER OF EMBALMER <b>FS 776</b>		22a. NAME AND ADDRESS OF FUNERAL HOME <b>Twin Oaks Funeral Home 290 Goodman Rd. East, Southaven, MS 38671</b>			
				22b. LICENSE NUMBER OF FUNERAL HOME <b>FE 429</b>	

**REGISTRAR**

23. REGISTRAR'S SIGNATURE <i>Mary Ann Bradshaw</i>		24. DATE FILED (Month, Day, Year) <b>OCT 03 1995</b>	
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**CERTIFIER**

25a. PHYSICIAN - If the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Elizabeth Pritchard, MD</i>		25b. LICENSE NUMBER <b>MD019810</b>		25c. DATE SIGNED (Month, Day, Year) <b>9/27/95</b>	
26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER		26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)	

PHYSICIAN OR MEDICAL EXAMINER EX-ECUTING CERTIFICATE MUST COMPLETE AND SIGN MEDICAL CERTIFICATION - WITHIN 48 HOURS.

SEE INSTRUCTIONS ON OTHER SIDE

**CAUSE OF DEATH**

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) <b>Dr. Elizabeth Pritchard, 956 Court Rm. 226, Memphis, TN 38163</b>					
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.  IMMEDIATE CAUSE (Final disease or condition resulting in death) → <b>Severe closed head injury with</b> DUE TO (OR AS A CONSEQUENCE OF): <b>infarction</b> DUE TO (OR AS A CONSEQUENCE OF): <b>Motor Vehicle Accident</b> DUE TO (OR AS A CONSEQUENCE OF):  Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST.  PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.  29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No					Approximate Interval Between Onset and Death
30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 6 <input checked="" type="checkbox"/> Could not be Determined 3 <input type="checkbox"/> Suicide 4 <input type="checkbox"/> Homicide		31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY <b>M</b>	
31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED			
31e. PLACE OF INJURY - At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)			

BIRTH NO.